

DEPARTMENT OF HEALTH SERVICES

**MEDI-CAL POLICY DIVISION
MEDI-CAL BENEFITS BRANCH
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(916) 657-1460**

**PPL No. 00-007**

April 7, 2000

TO: All Local Educational Consortia
Local Governmental Agencies
Medi-Cal Administrative Activities and
Targeted Case Management Coordinators

SUBJECT: SUBMISSION OF MEDI-CAL ADMINISTRATIVE ACTIVITIES
INITIAL AND AMENDED CLAIMING PLANS

This transmittal provides instructions to Local Educational Consortia (LEC) and Local Governmental Agencies (LGA) regarding the submission of initial and amended claiming plans to participate in the Medi-Cal Administrative Activities (MAA) program.

I. Date of Submission

An initial or amended claiming plan will not become effective until the first day of the calendar quarter that the MAA Claiming Plan/Amendment was postmarked. Therefore, in order to claim for amended activities for the quarter beginning July 1, the claiming plan must be postmarked by September 30.

Enclosed is a table that identifies the timeframes for submission of a claiming plan for the quarter.

II. Submission of Amendments

Even though LECs and LGAs may submit amendments to the MAA Claiming Plan at any time, to expedite the timely review of amendments, please consolidate all amendments and submit **only** one amendment per quarter (Refer to PPL97-024).

Amendments to claiming plans that are not consolidated will be returned. The LEC/LGA will need to assemble and resubmit the claiming plan/amendment, as one complete package for the quarter.

Please note: If the LEC/LGA resubmit the plan/amendment in a different quarter than was originally submitted, it must reflect the date of the new quarter.

If you have any questions, please contact Ms. Alice Childress, Chief of the Administrative Claiming Unit, at (916) 657-0627, or by email achildres@dhs.ca.gov.

Sincerely,

Original signed by D. Mitchell

David Mitchell, Chief

Enclosure

All Local Educational Consortia
Local Governmental Agencies
Medi-Cal Administrative Activities and
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Page 2

Cc: Ms. Patricia Morrison, Chief
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Local Governmental Agency
MAA/TCM Consultant
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Mr. Larry Lee, Accountant
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801 I Street, Room 210
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TIMEFRAME FOR SUBMISSION OF MEDI-CAL ADMINISTRATIVE ACTIVITIES CLAIMING PLANS

QUARTER	SUBMITTAL MONTHS	SUBMITTAL MUST BE POSTMARKED BY	EFFECTIVE DATE
1 st	July, August, September	September 30	July 1
2 nd	October, November, December	December 31	October 1
3 rd	January, February, March	March 31	January 1
4 th	April, May, June	June 30	April 1